FOR BINDING

V. S. No. 1

ż

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	1. PLACE OF DEATH	212-9
	County Howard.	Registration Dist. No. 145
	Village or City Guelford	NoSt.,Ward
		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How iong in U.S. if of foreign birth?mosds,
	100000000000000000000000000000000000000	I ma
	2. FULL NAME JULIUS ALL	augu-
	(a) Residence: No Julian (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIFORCED Jurice the word	21. DATE OF DEATH Nov. 29 193 5 (Month) (Day) (Year)
	5a. If married, widowed, or disposed HUSBANO of (or) WIFE of // Latoria Deau	22. I HEREBY CERTIFY, That I attended deceased from
ate.	6. DATE OF BIRTH (month, day, and your day 24, 187) 7. AGE Yeers Months Days if LESS than	I last saw h alive on, 19, 19; deeth is said
certificate	64 6 5 1 day,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows Oate of onset
Jo	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Cerebal Kunanhage 11/24/35
on back	work was done, as SILK MILL, SAW MILL, BANK, etc	
instructions o	year) oc:upefor	Other Contributory Causes of importance:
ucti	12. BirTHPLACE (city or town) (State or country)	- While Chidral Delething 14/29/3.
str	# 13. NAME Voku Deau	
See in	14. BIRTHPLACE (city or town) by green	Name of operation Date of Date of What test confirmed diegnosis? Was there an autopsy? App
it.	15. MAIOEN NAME MMa L'arter	23. If death was due to external causes (VIOLENCE) fill In also the following:
tar	15. MAIOEN NAME (MMA & arter) 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Deceled Date of injury 1/2 6 1932
important.	(State or country)	Where did injury occur? near Ellevil City well
very im	17. INFORMANT Hury allew Deal (Address) 6 electron Cul-	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
S Ve	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Fell from Wason
Z is	Plece printy em, Oate Del., 19 8	Nature of injury Contusion & Suron property
TION	19. UNDERTAKER Dasloy Son	24. Was disease or injury in any way related to occupation of deceased?
_	(Address) followith Cell	If so, specify
	20 EUED/1/31/35: Manh Shipley.	(Signed) 10 Warry, M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar

(Address) TRALLI

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injurics. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

(Address)

18. BURNAL CREMATION, OR

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No

Where did injury occur? West Friendship (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Gun shot wound head blown off 24. Was disease or Injury in any way related to occupation of decaesed? If so, specify cott Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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It.	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

BWRITE PLA LY, WITH UNFADING INK-THIS IS A PERMANENT RE D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	1
D. Every	HYSICIANS	st statement	
ANENT RE	CTLY. P	sified. Exac	
IS A PERM	stated EXA	properly clas	ertificate.
INK-THIS	should be	it may be	on back of c
NFADING 1	oplied. AGE	erms, so that	instructions
Y, WITH U	carefully sup	H in plain te	ortant. See
LE PLA	should be	E OF DEAT	TION is very important. See instructions on back of certificate.
BWRI	mation	CAUS	TION

STATE OF M	ARYLAND—	CERTIFICATE	OF DEATH
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1	3	1	U	1)

1. PLACE OF DEATH	82.0
County Herrard	Registration, Dist. No. 191
Village Dr City Line Or Clust	withe device the
LE (II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 72 yrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Thouse windella Gers	ny but like
(a) Residence: No. Puie Orchard	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write/the word)	21. DATE OF DEATH
5a. If married, widowed, or divorged	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
John Sung	Nor 6 ,1931, to // 7 ,19,34
6. DATE OF BIRTH (month, day, and year) (spul 4 1870)	I lest saw has alive on 1500 7 193 / ; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 11 400m.
6 J 7 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER.	Circheral Hemorrhage Date of oncet
SAWYER, BOOKKEEPER, etc. Vausumfi	
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (yeers) 46 this occupation (month and 1135 spent in this occupation.	
510	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stete or country)	
W 13. NAME I LANGE HOLDEN	
13. NAME / Somas Some	
14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation Dete of
15. MAIDEN NAME Charles Sell	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Charely Selly 16. BIRTHPLACE (city or town) Mg	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
Stete or country)	Accident, suicide, or homicide? Date of injury, 19
Log. los Historia	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AND	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place It folias amiling Date MI 10, 1935	Nature of Injury
19. UNDERTAKER Caster Sons	24. Wes disease or Injury in any way related to occupation of deceased? 200
(Address) Ellicat OD, My	If so, specify
20. FILED Nov 9 1935 deld Friesell.	(Signed) of 1 N. Alado
Registrar.	(Address) Clarkerile M.D.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 weck ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1 N. B.-

26

3419

of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH 13107
1. PLACE OF DEATH	(20)
County or and	Registration Dist. No. 195
Village or City X 100 19	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidance in city or town whara daath occurred	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Soyale Clinabelt	Vaslup
(a) Residence: No. Savag	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OF RACK 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (pringthe worth)	21. DATE OF DEATH WW , 25 1935 (Month) (Day) (Yaar)
5a. If marriad, widowed, or atvorced HUSBAND of Or) WIFE of	22. 1. I HERABY CERTIFY. That i strended obtrased from
The Thirty	Un. /= 1935, 10 llow 25, 1935
6. DATE OF BIRTH (month, day, and year)	1 last sew h
7. AGE Years Months Days If LESS than 1 dev	to have occurred on the deta steted above, all m.
70 9 18 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.	Chr. rethisti
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased iest worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) ay town sells (State or country of the organization of the country of the organization of the country of the organization of the organi	Dther Christier Canses of Importable: \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
10000 10000	Serubly.
14. BIRTHPLACE (city or town) Mouly orugus &	Nama of operation
(State of country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Maria Davis	23. If death was due to external causas (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mouly only	Accident, suicida, or homicide? Data of Injury19
(State or country) Mary land	Whare did injury occur?
17. INFORMANT M. V. Hasley	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURLAL, CHEMATION, OR KEMOVAL PLEUE	Mennar of injury
First Lucolu lack Date HOV, 28 195	Nature of injury
19. UNDERTAKE Suston Acres	24. Wes disaese or injury in any way related to occupation of decaesed?

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. N. 1.

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Example	I	I	Example II	
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Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	11106	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 9 TO	July 5, 1927	Peritonitis	3 days ago
	V	5. 11		
	W/M	- Water British		
Other contributory causes of imp	fortance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

A. te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	13108
	County Howard	Registration Dist. No. 193
7 4 2 1	Village or City Heenwood	No. St., Ward
	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
D. Every YSICIANS statement	1	ds. How long in U.S. if of foreign birth?yrsmosds.
tem CL	2. FULL NAME Mancy Tropher	2
D. YSI	(a) Residence: No. (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PH PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T RE L Y. Exa	3. SEX 4. COLOR OR RACE OR DIVORCED write tha word)	21. DATE OF DEATH Provember 16 1935
S E L B	5a. If married, widowad, or divorcad	(Month) (Day) (Year)
DING AACT assified	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, Thet I attended decaased from
E Ski	A 1872	1935, to 200 16 , 1934
OR BI A PEI tted E operly inficate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw he elive on 1000 14 , 1935; death is said
FOR IS A I stated properlertifica	out 62 1 day,hrs.	to have occurred on the date stated above, at
F(IS sta pro ceri	8. Trade, profession, or particular	Bronches Preamones Date of open
HIS be of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Chronic restriction 1971
SERVI NK-T should it may n back	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	apobleps / mr 19
	O 10 Data daceased last worked at	
9 4 5 5	this occupation (month end spent in this occupation occupation	
F4		Dther Contributory Causes of importance:
ADI ADI ed. s, so ruct	12. BIRTHPLACE (city or town) (State or country)	Senilely
UNFA supplied a terms, ee instru	13. NAME John America	+
	13. NAME John America 14. BIRTHPLACE (city or town)	Name of operation. Date of
H .= 70	(Stata or country) Myknow	What test confirmed diagnosis? Was there an autopsy?
WITH efully in plain ant. Sc	15. MAIDEN NAME Control 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
Y, WI be careful EATH in Fimportant.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
DA TAM	X (Stata or country) Mukenoul	Where did injury occur?
ABOV	17. INFORMANT Dorsey	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
WRITE nation s AUSE	Place Bush Park Date MM 18, 1983	Nature of injury
RO. 1 L.—WRITE mation s CAUSE TION is	19. UNDERTAKER (Address) M. Caryolar (Address)	24. Was disease or injury in any way related to occupation of deceased?
z z	20. FILED NOV. 17, 1935 Miss E.P. Mercier Registrar.	(Signed) ACC TO M.B. (Address) Sylvatrille, M.S.
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Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 5 1930			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

-WRITE PLA

V. S. No. 1 N. B.

OTATE				CEDTIE	LOATE	0	DEATH
SIAIE	OF	MARYL	AND	CERIII	ICAIL	OF	DEATH

-/\\\\\	10				
EATH	1	3	1	03	

1. PLACE OF DEATH	
County Howard	Registration Dist. No. 195
Village or City Davage	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Mys Mina	warelow (Marine Howard)
(a) Residence: No. Gesself (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR-OR RACE 5. SINGLE, MARRIED, WIDO WED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divarced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended of ased from 1937, to 1938?
6. DATE OF BIRTH (month, day, and year) Nov 15 1861	I last saw h alive on, 1928; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
75 11 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Chy. tret lines - 7
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	with Hypertension.
SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as STINNER, SAWYER, BDOKKEEPER, etc. 1D. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (city or town) Howard Go (State or country)	Dither Contributory Causes of importance:
13. NAME Crase Williams.	Myorardick hulf.
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or counjry)	Accident, suicide, or homicide?
17. INFORMANT Williams (Address) Lessie W. W. R. 20	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Complement David Clet Soft Nov. // 1933	Nature of injury
19. UNDERTAKER THE W & White 6 is	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 1 1 10/38 19 Frank Shipley.	(Signed) Wantstuffen M. D.
Registrar.	(Address) Daval July

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy Run over by street car	1 week ago
Chronic interstitial nephritis	1921	Kun over by street cur	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
L			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE C	OF MARY	YLAND-	CERTIFICATE OF DEATH	3110
1. PLACE C	OF DEATH			(103)	
County	Howard			Registration Dist. No	7/
Village or	City athullar			No. but sele St.,	Ward
Length of re	sidence in city or town where	deeth occurred	vrs 6 mos	death occurred in a horpital or institution, give its NAME instead of street and	
2. FULL NA	0	0	villil	tacken.	
(a) Reside	017		Julia	CA Word	
(a) Reside	ence: No. Comment	(Usual place of	of abode)	/ St., Ward. If nonresident give city or town an	d State
PERSO	NAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 7	4. COLOR OR RACE	5. SINGLE, MARK OR DIVORCED	(write the word)	21. DATE OF DEATH MOCL (Month) (Dev)	., 193 5 (Yeer)
5a. If married, wide HUSBAND of	owed, or divorced				(1001)
(or) WIFE of				22. I HEREBY CERTIFY, That I attended	
A DATE OF BIRTH		10. 1	1935	I lest sew h. Rr. elive on Macs 2 19.3	
	eers Months	Oevs	If LESS then	to heve occurred on the date steted above, at	/_ , dectil is seld
	6	2	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence	
_ 8. Trede, prof	fession, or perticular		ormin.	were as follows: Mulumonia	Oate of onset
kind of SAWYE	work done, es SPINNER, R, BOOKKEEPER, etc	nor	e.		-4.2.7.7.2.2
9. Industry or	business In which				
	ves done, es SILK MILL, IILL, BANK, etcased last worked at	l 11 Total tin	ma (vassa)		
this occ	cupetion (month end	11. Totel tin	t in this ——		
		1.	00	Other Contributory Causes of importance:	
12. BIRTHPLACE ((Stete or co		mygnn	L' Line		
13, NAME	11/20 luis	To so	Lanes)		
E	- waxning	rose ju	0,2200	No. of a supplier	
(State	CE (city or town)	-Va	,	Neme of operetion Oete of Whet test confirmed diagnosis? Was there en	
15. MAIOEN N	IAME Educal	Varris		23. If deeth wes due to externel ceuses (VIOLENCE) fill In elso the following	
15. MAIOEN N	CE (city or town)			Accident, suicide, or homicide? Dete of Injury	
Stete	or country)	nd.		Where did injury occur?	
17. INFORMANT	Edua for	bound		(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC P	ate) LACE.
	ATION, OR REMOVAL	, ma	,	Menner of injury	
Plece Q	chaltan Que	1 Dete ! /	-4,1931	Neture of injury	
19. UNDERTAKER	7. A Hying	forhou		24. Was disease or injury in any wey releted to occupation of deceased?	no
20, FILED Nov	14 1935 W	MI Fire	sell	(Signed) B. Warren	M. D
			Registrar.	(Address) dawn, fully	P

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11.—The number of years the deceased followed the occupation.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephtitis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 4 165			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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	V. S. No. 1		4	M RESERVED FOR BI	RE	SERVI	ED D	FOR	BII
	N. B.—WRITE PLA Y, WITH UNFADING INK—THIS IS A PER	Y,	WITH	UNFAD	ING I	NK-T	HIS	IS A	PER
	mation should be carefully supplied. AGE should be stated E.	care	fully s	upplied.	AGE	plnods	pe	stated	国
	CAUSE OF DEATH in plain terms, so that it may be properly c	TH	in plain	terms, s	o that	it may	pe	proper	ly c
-	TION is very important. See instructions on back of certificate.	porta	nt. Se	e instruc	tions c	on back	jo	ertific	ate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13111
1. PLACE OF DEATH	(210-70) 10 5
county Howard	Registration Dist. No. 145
County 1700000	
Village or City Dave 90	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidance in city or town where death occurredyrsmos.	
	-1 Men
2. FULL NAME Camul Ollon	athon Ill succes
(a) Residence: No. Oyulling	St., Ward.
(Usual place of abote)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Noulula 10, 193 5- (Month) (Day) (Year)
5a. If married, widowed, or divorced	(month) (Day) (1641)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended daceased from
10	Man. 10, 19. 35, to nose 12, 1938
6. DATE OF BIRTH (month, day, and year) Lice 20 . 1898	I last saw hour mon non 10 , 19 35; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Z
36 10 2/ fday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Viside profession or particular	Fractione & Devell Date of anset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Dato decaased last worked et ff. Total time (years) this occupation (month and specific properties).	Con Road Ween as have
9. Industry or business In which	The sail removing
work was done, as SILK MILL, SAW MILL, BANK, atc.	
0 10. Dato decaased last worked et ff. Total time (years)	
this occupation (month and spant in this occupation this	
6-1-16-Va	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	wages from the self-la
	of Affices
# 13. NAME W. O. Mariel	tract at Clausell
13. NAME 1. 13. NAME 14. BIRTHPLACE (city or town) Bull Burla	Name of operation Date of
(State of country)	What test confirmed diagnosis? Exames Was there an autopsy? 40
15. MAIDEN NAME Bease Cason. 16. BIRTHPLACE (city or town). Bank By	23. If death was due to external causes (VIOLENCE) fill jn also the following:
5 16. BIRTHPLACE (city or town) Bank Gray	Accident, suicide, or homicide? - Recelect Date of Injury 1/10, 19.3.5
∑ (State or country)	Where dld injury occur? Laurel md
1 6 as he m 30. 1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) 34/3 Wilson Que Linghla	a Wash Bleed
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Struck by auto
Place Date 19	7 1 11 11 11 10
11 5.10.40.40	Nature of Injury fract Muller, Bly F Clare
19. UNDERTAKER W. 6 Nfile Got.	24. Was disease or injury in any way related to occupation of deceased?
(Addrass) Janes.	If so, specify.
20. FILED 11 /13/33, in Juant Stuffey	(Signed) A. J. J. J. J. J. M. D.
Registra	(Address) Lawrell Mill
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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I Example II
related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows:
1915 Attack of epilepsy 1 week ago
1921 Run over by street car 1 week ago
July 5, 1927 Peritonitis 3 days ago
ortance: Other contributory causes of importance:
May 1,1923 Gastroenteritis 1 year
ortance: Other contributory causes of importance:

-WRITE

V. S. No. 1 N. B. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Every item of infor-

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	1. PLACE OF DEATH	194
	County Howard	Registration Dist. No.
	Village or City Leagsville Ma	No. St., Ward
10		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How iong in U.S. if of foreign birth?mosds.
	2. FULL NAME helia a. Moore	
	(a) Residence: No. Auto Mal	St., Ward.
	(Ustral place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RICE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word)	21. DATE OF DEATH NOULULLU S 193 5 (Year)
	HUSBAND of HUSBAND of All All All All All All All All All Al	22. HEREBY CERTIFY, That attended decessed from
9	(or) WIFE of More The Upper More	Man 2 1935 to now 7 1935
e.	6. DATE OF BIRTH month, day, modernely 7/1/1862	I lest saw h_ex elive on Nou _ 7, 19 3 5; deeth is said
icat	7. AGE Years Months Deys If LESS than	to have occurred on the dete steted above, at
certificate	73 8 1 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were es follows:
	8. Trade, profession, or particular kind of work done, es SPINNER,	That failure Pate of open
Jo	SAWYER, BODKKEEPER, etc.	Primary Cause: Chronic myscordition
back	9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	Duration not stated curses
on b	O 10 Date deceased last worked et 11. Total time (years)	
0 51	this occupation (month and spent In this occupation	
instructions	12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importence:
ruc	(Stete or county)	
inst	13. NAME Henry Jager	
See	14. BIRTHPLACE (city or fown) Jewnaus	Name of operation Date of
ďΩ	(State of County)	Whet test confirmed diagnosis? Was there en europsy?
important.	15. MAIDEN NAME Mary Bergman 16. BIRTHPLACE (city or town) - Germany	23. if death was due to external causes (VIOLENCE) fill In also the following:
orts	5 16. BIRTHPLACE (city or fown) Germany	Accident, suicide, or homicide?
mp	(State or country)	Where did injury occur? (Specify city or town, county and State)
	17, INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
is very	18. BURIAL, CORMACION, OR REMOVAL	Manner of injury
	Pro 1 / Tai 2 2/ 1 Date / 101/01/1938	Nature of injury
TION	Low Haires	24. Wes disease or injury in any way related to occupetion of deceased?
E	19, UNDERTAKER (Address)	If so, specify
	on such har 9 1035 de Marker Vendo	(Signed) 13 10 wasses 6. M.D.
-	2D, FILED-////	(Address) Jaurel M.

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Exa	imple I	· ·	Example II	
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BEO O BEST	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	100 y 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUDEAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

)	N. B.—WRITE PLA CY, WITH UNFADING INK—THIS IS A PERMANENT RE D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
	T RE D. E.	Y. PHYSICI.	Exact statem	
	PERMANEN	1 EXACTI	rly classified.	cate.
	-THIS IS A	uld be state	lay be prope	ack of certification
	DING INK-	d. AGE shot	, so that it m	uctions on ba
	WITH UNFA	fully supplied	n plain terms	nt. See instr
	PLA LY,	hould be care	OF DEATH i	very importa
	BWRITE	mation s	CAUSE	TION is very important. See instructions on back of certificate.
	Z	1)

STATE OF MARYLAND—	CERTIFICATE OF DEATH	113
1. PLACE OF DEATH		
County Howard	(31) Registration Dist. No.	91
Village or Cityallerton	NoSt.,	Ward
Length of residence In city or town where deeth occurredyrs,mo:	death occurred in a hospital or institution, give its NAME instead of street and n	umber)
01. V. 11. 01		1505,
2. FULL NAME (Lect Scholeld	If U. S. Veteran, specify WAR	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2	-
- I Married	(Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of		
(OT) WIFE OF M. A. Schaffeld	1 HEREBY CERTIEY, Thet I ettended	1036
6. DATE OF BIRTH (month, day, end year Mario 5 18) 2	I lest saw her alive on hore 3 1939	: deeth is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date steted above, et. 9. H.m.	
63 5 29 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importence were as follows:	Date of onset
8. Trede, profession, or perticular kind of work done, es SPINNER		Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL	Aronic parenchyma-	
	tous keyhritis	
10. Dete deceased lest worked at this occupation (month and)		
yeer) occupation	Other Coatributory Causes of importance:	
12. BIRTHPLACE (city or town) Blackburn	Other Controllery Causes of Importance.	
(State or country)	Erewia	(1-1-3)
14. BIRTHPLACE (city or town)		
4 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of	
	Whet test confirmed diegnosis? Wes there an a	
E Jane Garage	23. If death wes due to external causes (VIOLENCE) fill in elso the following	
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Dete of Injury Where did injury occur?	, 19
to me la 1 in	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA)
17. INFORMANT	open, mener many occurred in industri, in nume, of in public per	
18. BURIAL, GREMATION, OR REMOVAL	Menner of injury	***********
Pleasond Shefford Date 11-31	Nature of injury	
19. UNDERTAKER J.C. Hig unbolkous D.	24. Was disease or Injury In any way related to occupation of deceased?	ro
(Address) Elevant City ruge	If so, specify	
20. FILED Nov 4 , 1935 WYY Frissell	(Signed) transaction (Signed)	M. D.
Registrar.	(Address) Caus dalla town	Mel.

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Example I	lı lı	Example II		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state RD. Every item of infor-

of OCCUPA-

Exact statement

IS A PERMANENT RE stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. certificate. WITH UNFADING INK-THIS AGE should be TION is very important. See instructions on back of mation should be carefully supplied. -WRITE PL V. S. No. 1

1. PLACE OF DEATH		200
County Howard.	***********************	Registration Dist. No. 190
Village or City At Alique Length of residence in city or town where 2. FULL NAME MILLS	death occurred yrsmo	No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Elbrid	(Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5e. If married, widowed, or divorced HUSBAND of	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Morenber 14 , 193 5 (Month) (Day) (Year)
(or) WIFE of mary Lur	2001	22. I HEREBY CERTIFY that i attended deceased from 1935, to 1935; death is said I lest saw war alive on 150, 1935; death is said
7. AGE Years Months 8. Trade, profession, or perticular	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 12 milday
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	II. Total time (years) spent in this occupation	General arterio soft
12. BIRTHPLACE (city or town) (State or country) Umg	mer	Other Contributory Canses of Importance: Contributory Canses of I
14. BIRTHPLACE (city or town) (State or country)	insa	Name of operation Date of What test confirmed diagnosis? Heart flow a there an autopsy?
15. MAIDEN NAME Francis 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Learns (Address)	June Thousas:	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place of Stephens, M.	d Date 11-18 ,19-35	Manner of injury
19. UNDERTAKER 7. (P. Neg who (Address) Elle fatt C	there In the yeary land.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Mor- 17, 1935 M	ele. Head Wil	(Address) Ellerage and
If more	e blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting U. S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exam	nple I		Example II	
The principal cause of death and related causes of importance were at follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	CFIVER	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	C 3 1935	July 5, 1927	Peritonitis	3 days ago
	EAU V. S			
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

-WRITE PL

STATE OF MARYLAND—CERTIFICATE OF DEATH

13115

1. PLACE	OF DEATH			93-6	
County	Howard			Registration Dist. No.	7,
Village or	City West Fr	iendshi)	No. St	Ward
Length of r	esidence in city or town where	death commend		f death occurred in a hospital or institution, give its NAME instead of street and s	number)
				syisyis.	10505.
	AME Charles				
(a) Resid	ence: No. Sykesv	(Usual place		St., Ward. If nonresident give city or town and	State
PERSO	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	1
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single		21. DATE OF DEATH Nov. 7	, 193 5		
5e. If merried, wid HUSBANO of	owed, or divorced			, , , , , , , , , , , , , , , , , , , ,	(Yeer)
(or) WIFE of				22. HEREBY CERTIFY, Thet attended Inquiry	deceesed from
C DATE OF SIRV	M	ay 29.	1875	1- deadNo- 7 3075	.; death is said
	H (month, day, and yeer) Williams Months	Days	If LESS than	to have occurred on the dete steted ebove, alm.	_; death is said
1	50 5	9	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	
Trede, pro	fession, or perticuler		(01 likili.	were as ronows.	Oata of onest
SAWY		Farmer		Acute dialation of the heart	
9. Industry o	r business in which was done, as SILK MILL, MILL, BANK, etc			Primary Cause: Chronic myocarditis.	
10. Date dece	esed lest worked et		time (years)	Quartion i Zusanows. Carfett.	
this oc year)	cupetion (month and	spa occ	ntin this life		-
2. BIRTHPLACE ((city or town)			Other Contributary Causes of Importence:	
(State er co	ountry) Mary 1	and			•
	Edw. J. Zimm	erman	-		
14. BIRTHPLA	CE (city or town)	aryland		Neme of operation	
(Stote	or country)			Whet test confirmed diagnosis? Was there an	autopsy?_NO
15. MAIDEN N	NAME Amand	a Smith		23. If death was due to external causes (VIOLENCE) fill in aise the following	g:
15. MAIDEN N	CE (city or town)Mar:	yland		Accident, suicide, or homicide? Oate of injury	, 19
-1 (2)ate	or country)		-	Where did injury occur?(Specify city or town, county and Sta	te)
(Address)	Sykesville		*****************	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREM	ATION, OP REMOVAL	Oete Mo	1.10 ,1935	Manner of injury	^ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
19. UNOERTAKER	Heer Lor	e du		24. Wes disease or injury in any wey releted to occupetion of deceased?	
(Address)	signismi	2 Milde	-0 00	(Signed) Atauley 6. Granthan artes	1
20. FILEO JEO	7-8 ,1935 Mrs	I When It	16 el 6.	ch. + -11:7 1	
			Registrar.	(Address) afterent losly. md.	/

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50 W. A.			
Other contributory causes of importance:		Other contributory causes of importance:	
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			4